



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9779

SERIAL NUMBER 10/764,794	FILING DATE 01/26/2004  RULE	CLASS 602	GROUP ART UNIT 3743	ATT DOC
--------------------------------	---------------------------------------	--------------	---------------------------	------------

## APPLICANTS

Michael Alan Rolnick, Ellicott, MD;

Matthew Perry Warden, Boston, MA;  
 Robert Allen Van Wyk, Largo, FL;

\*\* CONTINUING DATA \*\*\*\*\* *none SA* \*\*\*\*\*

This appln claims benefit of 60/442,601 01/27/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none SA* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE \*\* SMALL ENTITY \*\*  
 GRANTED

\*\* 08/07/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR  COUNTRY MD	SHEETS  DRAWING 5	TOTAL CLAIMS 11	INDE (
Examiner's Signature	<i>Shumay</i>	Initials	<i>SA</i>		

ADDRESS  
 ROBERT A. VAN WYK

10801 STARKEY RD. #104-16  
LARGO , FL  
33777

TITLE

Method for splinting rib injuries

FILING FEE  RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing
		<input type="checkbox"/> 1.17 Fees ( Proc Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issu
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit